



Application Number	10/798,217
Filing Date	03/09/2004
First Named Inventor	Roy C. Wiley
Title	ORTHOPAEDIC INJECTION . . .
Art Unit	
Examiner Name	
Attorney Docket Number	4001-0024B (ZM0626)

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/798,217
Filing Date	03/09/2004
First Named Inventor	Roy C. Wiley
Title	ORTHOPAEDIC INJECTION...
Art Unit	
Examiner Name	
Attorney Docket Number	4001-0024B (ZM0626)

I hereby appoint:

☒ Practitioners associated with the Customer Number:

43232

OR

☐ Practitioner(s) named below:

Name(s) and Registration Number(s)	Name(s) and Registration Number(s)
Gerald W. Roberts, Reg. No. 45,046	Jonathan D. Feuchtwang, Reg. No. 41,017
Ettore V. Indiano, Reg. No. 30,143	Jacque R. Wilson, Reg. No. 48,038
Stephen L. Vaughan, Reg. No. 51,295	Todd A. Dawson, Reg. No. 33,165
Anthony P. Filomena, Reg. No. 44,108	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	ZIMMER TECHNOLOGY - ROBERTS			
Address	INDIANO VAUGHAN ROBERTS & FILOMENA, P.A.			
Address	One North Pennsylvania Street, Suite 850			
City	Indianapolis	State	IN	Zip
Country	U.S.A.			
Telephone	317-822-0033	Fax	317-822-0055	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Name	Jayme M. Isham		
Signature	<i>Jayme M. Isham</i>		
Date	8/22/04	Telephone	269-344-5294

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ *Total of 4 (four) form(s) is(are) submitted; i.e., one form for each of the 4 (four) inventors.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/798,217
Filing Date	03/09/2004
First Named Inventor	Roy C. Wiley
Title	ORTHOPAEDIC INJECTION . . .
Art Unit	
Examiner Name	
Attorney Docket Number	4001-0024B (ZM0626)

I hereby appoint:

☒ Practitioners associated with the Customer Number:

43232

OR

☐ Practitioner(s) named below:

Name(s) and Registration Number(s)	Name(s) and Registration Number(s)
Gerald W. Roberts, Reg. No. 45,046	Jonathan D. Feuchtwang, Reg. No. 41,017
Ettore V. Indiano, Reg. No. 30,143	Jacque R. Wilson, Reg. No. 48,038
Stephen L. Vaughan, Reg. No. 51,295	Todd A. Dawson, Reg. No. 33,165
Anthony P. Filomena, Reg. No. 44,108	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	ZIMMER TECHNOLOGY - ROBERTS				
Address	INDIANO VAUGHAN ROBERTS & FILOMENA, P.A.				
Address	One North Pennsylvania Street, Suite 850				
City	Indianapolis	State	IN	Zip	46204
Country	U.S.A.				
Telephone	317-822-0033	Fax	317-822-0055		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Bernard F. Morrey		
Signature			
Date	7/8/04	Telephone	507-284-3659

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 (four) form(s) is(are) submitted; i.e., one form for each of the 4 (four) inventors.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/798,217
Filing Date	03/09/2004
First Named Inventor	Roy C. Wiley
Title	ORTHOPAEDIC INJECTION . . .
Art Unit	
Examiner Name	
Attorney Docket Number	4001-0024B (ZM0626)

I hereby appoint:

☒ Practitioners associated with the Customer Number:

43232

OR

☐ Practitioner(s) named below:

Name(s) and Registration Number(s)	Name(s) and Registration Number(s)
Gerald W. Roberts, Reg. No. 45,046	Jonathan D. Feuchtwang, Reg. No. 41,017
Ettore V. Indiano, Reg. No. 30,143	Jacque R. Wilson, Reg. No. 48,038
Stephen L. Vaughan, Reg. No. 51,295	Todd A. Dawson, Reg. No. 33,165
Anthony P. Filomena, Reg. No. 44,108	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	ZIMMER TECHNOLOGY - ROBERTS				
Address	INDIANO VAUGHAN ROBERTS & FILOMENA, P.A.				
Address	One North Pennsylvania Street, Suite 850				
City	Indianapolis	State	IN	Zip	46204
Country	U.S.A.				
Telephone	317-822-0033	Fax	317-822-0055		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Steven E. Stump		
Signature			
Date	8-17-04	Telephone	574-267-6131 x12443

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 (four) form(s) is(are) submitted; i.e., one form for each of the 4 (four) inventors.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.